BEST AVAILABLE COPY

FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C 20549



NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL
OMB Number: 3235-0076
Expires May 31, 2005
Estimated average burden
hours per response.....16.00

SEC US	EONLY
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2004 Convertible Note and Warrant B	- <u> </u>	
Filing Under (Check box(es) that apply):	Rule 504 Rule 505 Rule 506 Section 4(6	5) ULOE
Type of Filing: New Filing	Amendment	RECEIVED
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about	the issuer	
Name of Issuer (check if this is an an cSoftGroup, Inc.	mendment and name has changed, and indicate change.)	
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number Ancluding Area Code)
1806 Milmont Drive, Milpitas, CA 95	9035	(408) 394-2054
Address of Principal Business Operations (i different from Executive Offices) Same as above	f (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		PROCESSE
•		
Type of Business Organization		NOV 1 2 2004
corporation	limited partnership, already formed other	(please specify):
business trust	limited partnership, to be formed	THOMSON
Jurisdiction of Incorporation or Organization GENERAL INSTRUCTIONS	or Organization: 0 1 0 0 KActual Estimat on: (Enter two-letter U.S. Postal Service abbreviation for State; CN for Canada, FN for other foreign jurisdiction)	A
Federal:	ering of securities in reliance on an exemption under Regulation D	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
Exchange Commission (SEC) on the earlie	plater than 15 days after the first sale of securities in the offering. It of the date it is received by the SEC at the address given below or, ates registered or certified mail to that address.	
Where To File - U.S. Securities and Excha-	nge Commission, 450 Fifth Street, N.W., Washington, D.C. 20549:	
Copies Required: Five (5) copies of this photocopies of the manually signed copy of	notice must be filed with the SEC, one of which must be manuar bear typed or printed signatures.	lly signed. Any copies not manually signed must be
	st contain all information requested. Amendments need only report C, and any material changes from the information previously su	
Filing Fee: There is no federal filing fee.		
ULOE and that have adopted this form are to be, or have been, made. If a state	ance on the Uniform Limited Offering Exemption (ULOE) for Issuers relying on ULOE must file a separate notice with the requires the payment of a fee as a precondition to the claim for the filed in the appropriate states in accordance with state law	Securities Administrator in each state where sales for the exemption, a fee in the proper amount shall
	ATTENTION —	
Failure to file notice in the appr	opriate states will not result in a loss of the federal	exemption. Conversely, failure to file the
	ot result in a loss of an available state exemption ur	

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

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		A. BASIC II	DENTIFICATION DATA		ijin ja tara kana kana kana kana kana kana kana k
Enter the information re	auested for the follow				
A.		has been organized within the	ne past five years:		
-		-		% or more of a cla	ss of equity securities of the issuer.
			ate general and managing pa		
Each general and ma			are general and managing pr	andiers of paranetsin	p 1554015,
- Lacif general and ma	maging parties of par	thership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Ellis Jr., Paul					
Business or Residence Addre	ss (Number and Stree	t, City, State, Zip Code)			
1806 Milmont Drive, Mil	oitas, CA 95035				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Moye, Elizabeth					
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)			
1806 Milmont Drive, Mil	oitas, CA 95035				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (East name first, it	findividual)				
Pickron, Eleanor					
Business or Residence Addre	ss (Number and Stree	t, City, State, Zip Code)			
1806 Milmont Drive, Mil	oitas, CA 95035				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	f individual)			· · · · · · · · · · · · · · · · · · ·	
Vidadala, Kumar					
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)			· · · · · · · · · · · · · · · · · · ·
1806 Milmont Drive, Mil	oitas, CA 95035				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (East name first, in	f individual)		1,1,-	No. 10	
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	f individual)				
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
					Managing Partner
Full Name (Last name first, it	findividual)				
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)	·		

				B. IN	FORMAT	ION ABO	UT OFFE	RING					
1. Has the issu	uer sold. a	or does the	issuer in	itend to sell.	to non-acc	credited in	vestors this	offering?				Yes	No X
4. 11as tito, 1881	uer soru, e	or does nie		wer also in .						•••••	••••••		
2. What is the minimum investment that will be accepted from any individual?						\$							
3. Does the o	ffering pe	ermit joint	ownersh:	ip of a singl	e unit?							Yes	No
4. Enter the	e inform	nation red	quested	for each pe	erson who	has been	or will b	e paid or	given, dire	ectly or indi	rectly, any		
										curities in the C and/or wi states,			
broker or o				information	for that br	oker or de	aler only						
Full Name (Las	t name fi	rst, if indiv	ridual)										
Business or Res	sidence A	ddress (Nu	mber an	d Street, Cit	y, State, Z	ip Code)							
Name of Assoc	iated Brol	ker or Dea	ler										
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States in Which (Check "All S					to Solicit P	urchasers						All St	ates
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IL I	N	IA	KS	KY	LA	МЕ	MD	МА	MI	MN	MS	МО	
т ТМ	VE	NV	NH	NJ	NM	NY	NC	ND	ОН	ок	OR	PA	
RI S	sc	SD	TN	TX	UT	VT	VA	WA	wv	WI	WY	PR	
Full Name (Las	t name fir	st, if indiv	idual)										
Business or Res	sidence A	ddress (Nu	mber an	d Street, Cit	y, State, Z	ip Code)		<u>-</u>					
Name of Assoc	iated Brol	ker or Dea	ler										
States in Which						urchasers							
(Check "All S		4.2	(m)			[CT]		DC			· · · · · · L	All S	ates
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Full Name (Las	SC st name fir	SD ret if india	TN	TX	UT	VT	VA	WA	wy	WI	WY	PR	
i un ivanic (Las	ot frame in	ist, ii iiidiv	iduai)										
Business or Res	sidence A	ddress (Ni	ımber an	d Street Cit	tv State 7	in Code)		<u> </u>					
Dusiness of Re.	sidelice A		inioci an	d Silver, Ch	iy, State, Z	ip code;							
Name of Assoc	isted Bro	ker or Dea	ler					 -					
ranic of Assoc	raced Dio	Kei oi Dea	ici										
States in Which	n Person I	isted Has	Solicited	or Intends	to Solicit F	urchasers							
(Check "All							<u></u>	<u></u>		· · · <u>- · ·</u> · · · · ·	<u></u> . C	All S	tates
AL A	AΚ	AZ .	AR	CA	со	СТ	DE	DC	FL	GA	НІ	ID	
⊢ ⊢	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО	
<u></u>	=	NV	NH	ГИ	NM	NY	NC	ND	ОН	ок	OR	PA	
RI :	sc	SD	TN	TX	UT	VT	VA	WA	wv	wı	WY	PR	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

already exchanged.		_	Aggregate	Am	ount Already
Type of Security			ffering Price	_	Sold
		_		_	75,000.00
· ·		<u>\$_</u>	· · · · · · · · · · · · · · · · · · ·	\$ _	
_	Common Preferred				
` -	g warrants)			_	37,500.00
Partnership Interests		\$_		\$ _	
Other (Specify)	\$_		\$_	
Total		\$_	450,000.00	\$_	112,500.00
Answer also in Appe	endix, Column 3, if filing under ULOE.				
offering and the aggregate dollar	non-accredited investors who have purchased securities in this amounts of their purchases. For offerings under Rule 504, ave purchased securities and the aggregate dollar amount of their if answer is "none" or " zero."		Number Investors	Do	Aggregate Ilar Amount f Purchases
Accredited Investors		1		\$_	75,000.00
Non-accredited Investors		· _		\$_	
Total (for filings under R	ule 504 only)			\$_	
Answer also in App	endix, Column 4, if filing under ULOE.				
3. If this filing is for an offering under F sold by the issuer, to date, in offerin	Rule 504 or 505, enter the information requested for all securities ges of the types indicated, in the twelve (12) months prior to the Classify securities by type listed in Part C — Question 1.		Type of	Do	llar Amount
Type of offering			Security	וטכן	Sold
Rule 505		· _		\$ _	
Regulation A				\$_	
Rule 504					
Total				\$ _	
securities in this offering. Exclude an information may be given as sub not known, furnish an estimate and c	enses in connection with the issuance and distribution of the mounts relating solely to organization expenses of the issuer. The ject to future contingencies. If the amount of an expenditure is heck the box to the left of the estimate.				
Transfer Agent's Fees				\$_	
Printing and Engraving Costs				\$_	
Legal Fees			X	\$_	7,500.00
Accounting Fees		• • • • • • • • • • • • • • • • • • • •		\$_	
Engineering Fees				\$	
-	ers' fees separately)		_	· s	
Other Expenses (identify) Filin	g Fees		<u>X</u>	- s	300.00
Other Expenses (Identity)	8				

** C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS b. Enter the difference between the aggregate offering response to Part C $\stackrel{...}{-}$ Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross \$.7,800.00 10/1,700,00 proceeds to the issuer." 5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. Payments to Officers, Directors, & Payments To Affiliates Others Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another Other (specify): □ \$ _____ □ \$_ □ \$ **X** \$ 104,700.00 \$ 104,700.00 D. FEDÉRAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) cSoftGroup, Inc.	Signature Sulvan	Date November
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Eleanor Pickron	Chief Executive Officer - President	•
	- <u></u>	

ATTENTION-

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)